



## DEPARTMENT OF HUMAN RESOURCES

### Family Medical Leave Act

### Standard Operating Procedure

**DATE WRITTEN:** March 1, 2013  
**DATE REVISED:**  
**PREPARED BY:** HR (Benefits) Manager, Disability Case Manager; City Safety Officer, HR Technician  
**REVIEWED BY:** Human Resources Director  
**FILE PATH:**  
**REFERENCE:**  
**DISTRIBUTION:** Disability Management Coordinators March 8, 2013

---

#### **PURPOSE/OBJECTIVE:**

To establish a standard operating procedure for the administration of the Family and Medical Leave Act (FMLA)

#### **BACKGROUND:**

To provide timely notification to both employee and employer as defined by the Act.

#### **DEFINITIONS:**

**DMA:** Disability Management Administrator (Department of Human Resources).

**DMC:** Disability Management Coordinator OR representative designated by each department head responsible for administering the FMLA Policy within an assigned department, and who has access to central electronic Human Capital Management system (PeopleSoft) for tracking FML dates and related details. Alternate DMC should be designated.

**Supervisor:** Person(s) within the applicable department responsible for daily assignments and oversight of employee and whom employee contacts to notify of pending leave.

**FMLA:** Federal Family and Medical Leave Act which protects an employee's job for up to 12 weeks in a 12 month period of time.

**FML:** Family Medical Leave.

**LOA:** Leave of Absence; may be paid or unpaid dependent upon employee's available accrued leave.

**Rolling Calendar Year:** City of Norfolk designated FML period. Year begins the first day of approved FML until 12 months from this date.

#### **RESPONSIBILITIES:**

**Policy Administration:** DMA

**Initial FML Determination of Eligibility and Notification:** Department Supervisor and DMC

**Determination of Medical Condition:** Physician(s)

**Determination of FML Approval:** DMA or designee

**Notification of FML Status:** Department of Human Resources

**Tracking FML:** DMC and DMA

**Record Keeping:** HR Department



## DEPARTMENT OF HUMAN RESOURCES

### Family Medical Leave Act Standard Operating Procedure

#### **REQUIREMENTS:**

Family and Medical Leave Act, 29 U.S.C. §2601, *et seq.*  
City of Norfolk Personnel Administration Policies Manual 4.11

#### **PROCEDURES:**

##### **A. Initial Request and Determination of FMLA Eligibility:**

###### **1) Employee Responsibility:**

- a. Requests FML covered Leave Of Absence 30 days in advance by contacting their supervisor; if request is less than 30 days in advance, reason must be provided.
- b. Submits leave cards for applicable available leave in accordance with normal procedures.

###### **2) Supervisor Responsibility:**

- a. Once contacted by employee, immediately informs the DMC.
- b. Departmental procedures must be followed in accordance with normal leave notification procedures.

###### **3) DMC Responsibility:**

- a. DMC must determine if employee is eligible based on FMLA Policy, complete Form WH-381; give to employee and keep copy for file within five (5) business days of FMLA request.
- b. Additionally provide the appropriate form to the employee for completion based on the type of circumstance (Appendix B – F).
- c. Provide a copy of the Non-Occupational Medical Treatment Plan Form (Appendix I) to employee.
- d. Employees determined to be “not eligible” for FML would follow normal Leave procedures. In this case, leave approval is at the department head’s discretion.
- e. Develops a departmental file as desired.

##### **B. Determination and Continuation of Coverage:**

###### **1) Employee Responsibility:**

- a. Ensures all appropriate paperwork is delivered to the treating physician for completion and returned to employer/supervisor within the 15 days allotted timeframe.
- b. Provides treating physician with the Non-Occupational Medical Treatment Form (Appendix I) each time he/she attends a follow-up appointment; form must be given to DMC immediately after visit.
- c. Keeps supervisor apprised of status, especially any changes to anticipated return to work date.

###### **2) DMC Responsibility:**

- a. Forwards completed Form WH-381 and appropriate certification form (Appendix B-F), and copies of Leave Request Forms to Department of Human Resources DMA.
- b. If certificate is not returned within 15 calendar days, DMC notifies employee that the form has not been submitted and failure to submit the form could result in denial. There may be provisional approval of FML if employee is not in the position to provide the completed form. DMC should work closely with the employee’s representative if possible. A copy of notification is to be forwarded to DMA.
- c. Tracks FML used by employee in PeopleSoft including intermittent FML. Corresponds with HR as needed.



## DEPARTMENT OF HUMAN RESOURCES

### Family Medical Leave Act

### Standard Operating Procedure

- 3) **Supervisor Responsibility:**
  - a. Upon notification from DMC of employee's failure to comply with submission of forms/required documentation, supervisor is to follow Disciplinary Rules, Policy 8.3, rule # 27, violation of City Policy in accordance with normal procedures.
- 4) **Human Resources Responsibility:**
  - a. Disability Nurse Case Manager reviews completed certifications from health care provider(s) (Appendix B-F) and determines if covered under FMLA. More information may be requested (Appendix I).
  - b. HR notifies employee and DMC of decision within five (5) business days of receipt using Form WH-382.
  - c. Track FML usage working with the DMC.
  - d. When FML has ended or exhausted, HR notifies employee and DMC using Form WH-382.
  - e. Maintains copies of medical certifications for three (3) years.

**Appendix A:** Notice of Eligibility and Rights & Responsibilities Form WH-381

**Appendix B:** Certification of Health Care Provider for Employee's Serious Health Condition Form 380-E

**Appendix C:** Certification of Health Care Provider for Family Member's Serious Health Condition Form 380-F

**Appendix D:** Certification of Qualifying Exigency for Military Family Leave Form WH-384

**Appendix E:** Certification for Serious Injury or Illness of a Current Service member – for Military Family Leave Form WH-385

**Appendix F:** Certification for Serious Injury or Illness of a Veteran or Military Caregiver Leave

**Appendix G:** Designation Notice WH-382

**Appendix H:** City of Norfolk Leave Request Form

**Appendix I:** Non-Occupational Medical Treatment Plan

---

Director of Human Resources

---

Date